MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/5●●438

FILING DATE

APPLICANT(S) *10/529438*

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/						52						
3	/						53						
4				/			54						
5				2			55						
6				3			56						
7				1			57						
8	/						58						
9							59						
10				10			60						
11				/			61						
12				/			62						
13				/			63						
14					/		64						
15					/		65						
16					/		66						
17					/		67						
18					/		68						
19					/		69						
20					/		70						
21					/		71						
22				/			72						
23					/		73						
24					/		74						
25					/		75						
26					/		76						
27					/		77						
28				/			78						
29				/			79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	⬇	6	⬇		⬇	TOTAL IND.		⬇		⬇		⬇
TOTAL DEP.	7	⬅	13	⬅		⬅	TOTAL DEP.		⬅		⬅		⬅
TOTAL CLAIMS	11		19				TOTAL CLAIMS						

PTO - 1360 (REV. 11/04)